

P230000061185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

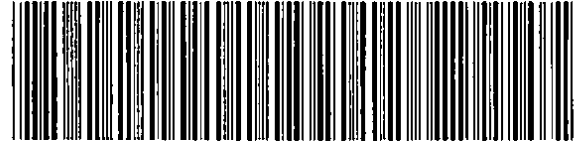
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2025 JUL 1 - 3 PM 2:53

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 29, 2025

JENNIFER WHITMORE
253 N. BREVARD AVE.
COCOA BEACH, FL 32931

SUBJECT: FLORIDA STATE INSURANCE INC.
Ref. Number: P23000061185

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SEC
TALLAHASSEE

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must include a description of the information that must be included in a written claim. The description may include but not limited to who is filing the claim, the amount of the claim and a reason the claim is being filed.

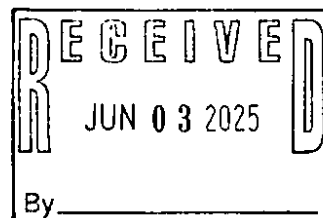
THE NOTICE OF CORPORATE DISSOLUTION PAGE IS OPTIONAL. IF SUBMITTED IT MUST INCLUDE THE INFORMATION LISTED ABOVE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

Frederica S McCloud
Document Specialist

Letter Number: 725A00009172



COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISOLUTION OF FLORIDA STATE INSURANCE

DOCUMENT NUMBER: P23000061185

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JENNIFER WHITMORE

(Name of Contact Person)

FLORIDA STATE INSURANCE

(Firm/Company)

253 N. BREVARD AVE

(Address)

COCOA BEACH, FL 32931

(City/State and Zip Code)

For further information concerning this matter, please call:

JENNIFER WHITMORE

(Name of Contact Person)

at (303) 960-8581

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:
FLORIDA STATE INSURANCE

SECOND: The document number of the corporation (if known): P23000061185

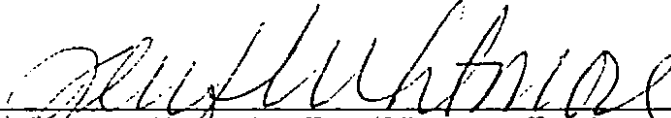
THIRD: The file date of the articles of incorporation: 3-5-25

FOURTH: None of the corporation's shares have been issued.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up, if any, have been distributed to the shareholders, if shares were issued.

SEVENTH: A majority of the incorporators or directors authorized the dissolution.

Signature: 
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

JENIIFER WHITMORE

(Typed or printed name of person signing)

CEO
(Title of Person Signing)

Filing Fee: \$35

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